

**COMBINED DECLARATION FOR PATENT APPLICATION
AND
POWER OF ATTORNEY (Sole or Joint - Original)**
(includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

1137U101

As a below named inventor(s), I/we hereby declare that:

My residence, post office and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PACKER APPARATUS, PACKING CONVEYOR AND METHOD

the specification of which (check only one item below):

- ☒ (X) is attached hereto
- ☐ () was filed as United States application
Serial No.
- on
- and was amended
- on _____ (if applicable).
- ☐ () was filed as PCT International application
Number
- on
- and was amended under PCT Article 19
- on _____ (if applicable)

I/we hereby state that I/we have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I/we acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

**COMBINED DECLARATION FOR PATENT APPLICATION
AND
POWER OF ATTORNEY (Continued) (Sole or Joint -
Original)**

(includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

1137u101

I/we hereby claim foreign benefits under Title 35, United States Code §119 of any foreign application(s) for patent or inventor's certificate or of any PCT International application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT International application(s) designating at least one country other than the United States of America filed by me as on the same subject matter having a filing date before that the of the application(s) of which priority is claimed.

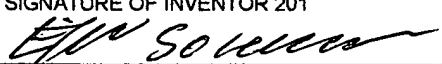
PRIOR FOREIGN APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (if PCT, indicate PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER THE USC 119
NIL			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

I/we hereby claim the benefits under Title 35, United States Code, §120 of any United States application(s) or PCT International application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I/we acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT International filing date of this application:

**PRIOR U.S APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S.
FOR BENEFITS UNDER 35 U.S.C. 120:**

U.S. APPLICATIONS		STATUS (Check one)		
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED
NIL				
PCT APPLICATIONS DESIGNATING THE U.S.				
PCT APPLICATION NO.	PCT FILING DATE	US SERIAL NUMBER ASSIGNED (if any)		
NIL				

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Continued) (Sole or Joint - Original) <small>(includes Reference to PCT International Applications)</small>				ATTORNEY'S DOCKET NUMBER 1137u101	
Send Correspondence to: E.L.SORENSEN, 15 WESTCHESTER BOULEVARD, BOLTON, ONTARIO, CANADA. L7E 5Y1				Direct Telephone Calls to: <small>(name and telephone number)</small> 1-905-857-9632	
201	FULL NAME OF INVENTOR	FAMILY NAME SORENSEN	FIRST GIVEN NAME EJLER	SECOND GIVEN NAME L	
	RESIDENCE & CITIZENSHIP	CITY BOLTON	STATE OR FOREIGN COUNTRY ONTARIO CANADA		COUNTRY OF CITIZENSHIP CANADA
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 15 WESTCHESTER BLVD	CITY BOLTON	STATE & ZIP CODE/COUNTRY ONTARIO CANADA L7E 5Y1	
202	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
203	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
I have hereby declare that all statements made herein of my/our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of the Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application of any patent issuing thereon.					
SIGNATURE OF INVENTOR 201 		SIGNATURE OF INVENTOR 202		SIGNATURE OF INVENTOR 203	
DATE Sept 8 2000		DATE		DATE	